

| | | | | | | | |
|--|------------------|---|-------------|--|---------|------------------|--|
| No. W 90095 | | Due no later than Jan 31, 2014 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. LD SEWELL, PLLC LINDSAY SEWELL 3330 SPARROW HAWK DR IDAHO FALLS ID 83401 | | LINDSAY SEWELL 3330 SPARROW HAWK DR IDAHO FALLS ID 83401 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | LINDSAY D SEWELL | 3330 SPARROW HAWK DR | IDAHO FALLS | ID | USA | 83401 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 90095 | | Signature: Lindsay Sewell | | | | Date: 11/25/2013 | |
| | | Name (type or print): Lindsay Sewell | | | | Title: Member | |
| Processed 11/25/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | | |